

CHENAL FAMILY THERAPY PLC

West Little Rock | Conway | N. Little Rock | Benton/Bryant | White Hall/Pine Bluff

Phone: 501-781-2230

Fax: 888.816.7916

Email: schedule@ChenalTherapy.com

SCHOOL COUNSELOR REFERRAL FOR COUNSELING SERVICES

Child's Name: _____ Date of Birth: ____/____/____

School: _____

Parent/Legal Guardian Name(s): _____

Mailing Address: _____

E-Mail address: _____

Phone: _____

Referring Person/Counselor: _____

Phone: _____

Email: _____

By signing this form, I authorize _____ (school) to refer my child for counseling services. I understand that my child is not required to become a client of Chenal Family Therapy PLC, if for any reason I feel these services are not needed.

Parent/Legal Guardian Signature: _____

If you have a question about counseling, insurance coverage, appointment availability, or need someone to come and speak with the student and/or parents, Our intake manager, Ashley Brown, MA, is available to help by phone, email or in-person. Please use any of the contact information above to reach her - ext. 100. **Multiple counselors are now in-network with most BlueCross BlueShield plans, Ambetter, Qualchoice, Baptist HMO and others.** Please call for info.

Low-cost counseling options are now available!

**CHENAL
FAMILY THERAPY**

ENCOURAGE - EMPOWER - EQUIP

This form is also available at the **bottom** of this webpage: <http://goo.gl/Dd62GI>

Found on: www.ChenalTherapy.com> Appointments> Referrals

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OPTIONAL ADDITIONAL INFORMATION SCHOOL COUNSELOR REFERRAL FORM

Student Name :

Grade Level:

Reason(s) for referral:

<input type="checkbox"/> Motivation <input type="checkbox"/> Profanity <input type="checkbox"/> Divorce <input type="checkbox"/> Fighting <input type="checkbox"/> Excessive Worrying <input type="checkbox"/> Stress <input type="checkbox"/> Bullying	<input type="checkbox"/> Friendship Problems <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Inattentive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Dishonesty/Stealing
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<input type="checkbox"/> Excessive Absences <input type="checkbox"/> Excessive Tardiness <input type="checkbox"/> Withdrawn <input type="checkbox"/> Inappropriate Behavior <input type="checkbox"/> Depression <input type="checkbox"/> Poor Grades <input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Anger <input type="checkbox"/> Family Problems <input type="checkbox"/> Grief <input type="checkbox"/> Concentration Problems <input type="checkbox"/> Personal/Unknown <input type="checkbox"/> Other:
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Typical concerns from students who seek assistance include:

Developmental/Family Issues - Fear and guilt, anger, frustration, family crisis, concerns from childhood or adolescence, divorce, parenting.

Personal Issues - Anxiety, loneliness, depression, anger, guilt, low self-esteem, stress, grief, relationship issues, family problems, health, alcohol/drug difficulties, and military family life issues.

Relationship Issues - Boyfriend/girlfriend difficulties, parents, friends/enemies conflict, and sexual concerns.

Academic - Study skills, time management, procrastination, test-taking, test anxiety.



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